



# Senate

General Assembly

**File No. 291**

February Session, 2010

Substitute Senate Bill No. 192

*Senate, April 6, 2010*

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-478d of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective October 1, 2010*):

3 For any contract delivered, issued for delivery, renewed, amended  
4 or continued in this state, [on or after October 1, 1997,] each managed  
5 care organization shall: [provide: (1) Annually]

6 (1) Provide at least annually to each enrollee a listing of all  
7 providers available under the provisions of the enrollee's enrollment  
8 agreement, in writing or through the Internet at the option of the  
9 enrollee; [and]

10 (2) Include, under a separate category or heading, participating  
11 advanced practice registered nurses in the listing of providers

12 specified under subdivision (1) of this section; and

13 (3) For a managed care plan that requires the selection of a primary  
14 care provider:

15 (A) Allow an enrollee to designate a participating, in-network  
16 physician or a participating, in-network advanced practice registered  
17 nurse as such enrollee's primary care provider; and

18 [(2)] (B) Provide notification, as soon as possible, to each such  
19 enrollee [in a managed care plan that requires the selection of a  
20 primary care physician] upon the termination or withdrawal of the  
21 enrollee's primary care [physician] provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2010	38a-478d

**Statement of Legislative Commissioners:**

In section 1, subdivisions (1) and (2) were switched for consistency with the drafting conventions of the general statutes.

**INS**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill, which requires managed care organizations to provide a list of providers to enrollees and allows enrollees to designate an advanced practice registered nurse as their primary care provider, does not result in a fiscal impact.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sSB 192*****AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.*****SUMMARY:**

Under current law, managed care organizations (MCOs) must annually provide health plan enrollees a list of health care providers participating in the plan. The bill requires this list to include, under a separate category or heading, participating advanced practice registered nurses (APRNs). Existing law, unchanged by the bill, requires that the list be provided annually in writing or through the Internet at the enrollee's option.

The bill also allows an enrollee of a managed care plan that requires selection of a primary care provider to choose a participating, in-network APRN. Under current law, they may only select a participating, in-network primary care physician.

Finally, the bill requires an MCO to notify an enrollee as soon as possible when his or her primary care provider leaves the MCO's provider network. Current law limits the MCO's notification to an enrollee of a managed care plan that requires the enrollee to select a primary care physician.

EFFECTIVE DATE: October 1, 2010

**BACKGROUND*****MCO***

An MCO is an insurer, health maintenance organization, hospital or medical service corporation or other organization delivering, issuing

for delivery, renewing, or amending an individual or group managed care plan in the state.

***Managed Care Plan***

A managed care plan is a product offered by an MCO that finances or delivers health care services to plan enrollees through a panel of health care providers selected based on explicit standards. The plan offers incentives to the enrollees to encourage the use of these providers.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea    19    Nay   0    (03/18/2010)